(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Вы	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
•			
	,	,	

G. MCLEODaly

DEC - 5 2012

**EXAMINER** 



000242200140

12 DEC -4 AM 10: 51



ACCOUNT NO. : I2000000195

REFERENCE: 4432201

4804708

AUTHORIZATION

COST LIMIT : \$ 1000.00

ORDER DATE : December 3, 2012

ORDER TIME : 8:41 AM

ORDER NO. : 443220-005

CUSTOMER NO: 4804708

FOREIGN FILINGS

NAME: PRESCOTT ASSOCIATES L.P.

Y

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER:

## COVER LETTER

	ration Section on of Corporations			
SUBJECT:		Prescott A	Associates L.P.	
	Name of Foreig	n Limited Partner	ship or Limited Liability	Limited Partnership
partnership to the	optication, certificate ransact business in Flo I correspondence cond	orida.	_	a foreign limited partnership or limited liability limited
Susan G. Sch	nneider			
	Contact 1	Person	<del></del>	
c/o Seward &	k Kissel LLP			
	Firm/Cor	mpany	······································	
One Battery	Park Plaza			
	Addr	ess		•
New York, N	TY 10004			
	City, State and	d Zip Code		•
mchung@pro	escottinvestors.com	m		•
E-mail addres	s: (to be used for futu	re annual report n	otification)	
For further info	rmation concerning th	nis matter, please o	call:	
Susan	G. Schneider	a	t (212 ) 574-	1389
Name	of Contact Person			me Telephone Number
Enclosed is a ch	eck for the following	amount:		
\$1,000.00 Fili (\$965 Filing Fee \$35 Registered Fee)	and and Certifi		\$1,052.50 Filing Fees and Certified Copy	\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADD Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations Center Circle	R D P	MAILING ADDRESS: tegistration Section Division of Corporations C. O. Box 6327 Callahassee, FL 32314	

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

Prescott Associates L.P.

1,	11030	ou Associates L.I.	
Acceptable	Limited Partnership suffixes: Limited Partnership	ability Limited Partnership, which must inc ership, Limited, L.P., LP, or Ltd. s: Limited Liability Limited Partnership, L.L.	,
		escott Associates L.P.	
If name ur		mership or limited liability limited partnership rida; must contain acceptable suffix.	proposes to register to transact
2	New York	3. March 6, 1992	
	State or Country of Formation	Date of Formati	ion
4. Name of	Registered Agent for Service of Process as	nd Florida Street Address:	
Michelle	Chung		
2200 But	ts Road, Suite 320		
Boca Rat	on, Florida 33431		
of all sta	tutes relative to the proper and complete per on as registered agent. Michelle Chung By:	nd agree to act in this capacity. I further agree formance of my duties, and I am familiar with ture of Registered Agent	and accept the obligations of
7. Principle	Office: (Florida Street Address)	8. Mailing Address:	DEC PEC
2200 Butt	s Road, Suite 320	2200 Butts Road, Suite 320	-4
		· Boca Raton, Florida 33431	· ·
			AMIO: I
9. If limited	l partnership is a limited Hability limited p	artnership, check box	<u> </u>
10. Name, p	principal office address, and mailing addre	ss of each general partner:	
Name of	General Partner: Prescott General Partner	ers, LLC Name of General Partner:	
Street A	2022 D D . 1 G 222	Street Address:	
	Boca Raton, Florida 33431		
Mailing	Address:	Mailing Address:	
Name of	General Partner:	Name of General Partner:	
Street A	ddress:	Street Address:	
Mailing .			<u></u>

<b>[</b>	Name of General Partner:	Name of General Partner:
	Street Address:	Street Address:
	Mailing Address:	Mailing Address:

11. Effective date, if other than the date of filing. Upon filing (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) 12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the

Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

November day of

Signed this

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2



## State of New York Department of State } ss:

I hereby certify, that PRESCOTT ASSOCIATES a NEW YORK Limited Partnership, filed a Certificate of Adoption of the Revised Limited Partnership Act, pursuant to the Partnership Law, on 03/06/1992, and that the Limited Partnership is existing so far as shown by the records of the Department.

A Certificate of Amendment PRESCOTT ASSOCIATES, changing its name to PRESCOTT ASSOCIATES L.P., was filed 07/10/2007.



Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of November two thousand and twelve.

Daniel Shapiro

Special Deputy Secretary of State

201212030474 \* 45